

SUMMIT COUNTY EDUCATIONAL SERVICE CENTER

Student Services Department

420 Washington Ave.
Cuyahoga Falls, Ohio

STATEMENT OF NON-GUILTY/NONCONVICTION FORM

Section A or B must be completed by all staff and volunteers before working with children

Section A

Non-Guilty/Non Conviction Statement

I hereby attest that I have never been convicted of or pleaded guilty to crimes set forth in division (A) (8) or (A) (9) of section 109.572 or division (A) (1) of section 5104.09 (see Prohibited Offenses list) of the Ohio Revised Code or an existing or former offense of any municipal corporation, this state or any other state that is substantially equivalent to any of these offenses.

I attest that no child has been removed from my home as described in section 2151.353 of the Revised Code.

Name (please print)

Address

City

State

Zip

Signature

Date

Section B

Convicted/Rehabilitated Statement

I hereby attest that I have been convicted of a crime set forth in division (A) (8) or (A) (9) of section 109.573 or division (A) (1) of section 5104.09 (see Prohibited offenses list) of the Ohio Revised Code or an existing or former offense of any municipal corporation, this state or any other state that is substantially equivalent to any of these offenses.

I attest that no child has been removed from my home as described in section 2151.353 of the Revised Code.

Name (please print)

Address

City

State

Zip

Signature

Date

By attesting to this statement, the Ohio Department of Education may investigate and confirm. I have reviewed the rehabilitation requirements of rule 3301-20-01 of the Administrative Code and have determined that the employee meets the rehabilitation requirements.

Superintendent Name (please print) _____

Superintendent's Signature

Date